



Virginia Department of Corrections (VADOC)
Victim Services Unit
(800) 560-4292

For questions regarding offender status,
transfer from one prison to another,
escape and recapture, release, death,
work release, or name change.

Virginia Parole Board (VPB)
Victim Input Program
(804) 674-3081

For questions regarding offender
parole status, geriatric conditional
release or medical clemency.

Office of the Attorney General (OAG)
Victim Notification Program
(800) 370-0459

For questions regarding offender appeal
and civil commitment process of the
Sexually Violent Predator (SVP).

VICTIM NOTIFICATION FORM

As a victim of crime, you have the right to be notified of the offender's filing, disposition and other significant appellate process activity; including habeas corpus petitions. You also may elect to be notified of the civil commitment of the Sexually Violent Predator (SVP) proceedings initiated against an offender in any case in which you were a victim. While the offender is in the custody of Virginia DOC, you have the right to be notified of changes to offender status and location. Victim input can also be provided to the Parole Board for consideration during parole events and to the OAG for support in the SVP Civil Commitment process. Please complete this form and mail or fax to:

Virginia Department of Corrections, Victim Services Unit
6900 Atmore Drive, Richmond, VA 23225
FAX (804) 674-3054

If the offender is in custody in a local/regional jail, you must contact the jail directly for notification.

Name of Offender (full name) _____

Department of Corrections Offender Number (if known) _____

Offender's Date of Birth (if known) _____

Convicting Court (Locality) _____

Circuit Court Case Number(s) (if known) _____

Date of Sentence _____

Length of Sentence _____

Offense(s) Committed _____

Relationship, if any, to Offender _____

Victim/Designee: My signature below indicates that I am requesting to be informed of the changes in offender status listed above. I understand that it is my responsibility to inform the VADOC/VPB/OAG of any change of contact information as soon as possible and in writing.

I wish to be notified by: ☐ Letter ☐ Phone ☐ Email (DOC/VPB Only)

Signature _____ Date _____

Your name _____

Street Address _____

City, State, Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email _____ DOB _____ Sex: M _____ F _____

Relationship to Victim: ☐ I am the victim ☐ Victim's parent ☐ Victim's sibling ☐ Victim's child ☐ Advocate

☐ Other: _____

**YOUR SIGNATURE ON THIS NOTIFICATION FORM SERVES AS YOUR REQUEST THAT YOUR PERSONAL INFORMATION
BE KEPT CONFIDENTIAL PURSUANT TO CODE OF VIRGINIA § 19.2-11.2.**

We know that receiving this information is important to you and we will process this form as soon as possible. If you have not received confirmation/contact within 30 days, please contact us at 800-560-4292, to ensure that we have received your form.